

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/018/60

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1					
2		1				
3	1					
4		3				
5		3		1		1
6		3		1		1
7		0		1		1
8		0		1		1
9		0		1		1
10	1					
11		0		1		1
12		0		1		1
13		0		1		1
14		0		1		1
15	1					
16		0		1		1
17	1					
18		1		1		1
19	1					
20		3		1		1
21		0		1		1
22		0		1		1
23		0		1		1
24		0		1		1
25		0		1		1
26		0		1		1
27		0		1		1
28		0		1		1
29		0		1		1
30	1					
31	1					
32		3		1		1
33	1					
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TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
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99						
100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS